



CONTINENTAL DIVIDE

AN ENERGY & TELECOMMUNICATIONS COOPERATIVE

APPLICATION FOR EMPLOYMENT

NOTE: Upon submission, application will be retained for one year. All portions of the application must be completed, even if a resume is submitted.

Position applied for _____

P E R S O N A L	NAME	Last First Middle	Date	Soc. Sec. No.
	PRESENT ADDRESS	Street or Box Apt. # City State Zip	Home Phone	Business Phone
	PERMANENT ADDRESS	Street or Box Apt. # City State Zip	Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you available for full-time employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give month/year:		Pay expected?	When will you be available to begin work?
	Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are hired by this company, the Immigration Reform and Control Act (IRCA) requires you to provide certain information including date of birth and country of origin and to attest to your employment eligibility. In addition, the IRCA requires you to provide certain documents establishing your identity and employment authorization.			

E D U C A T I O N	SCHOOL	NAME AND LOCATION	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA?
	HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED	
	COLLEGE OR UNIVERSITY			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	GRADUATE SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
	OTHER: VO-TECH, BUSINESS SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
List other job related education, apprenticeship, skills, language abilities and any licensure, certification or registration certification:					
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No State of Issue _____ License No. _____ Expiration Date _____					

E M P L O Y M E N T I N F O R M A T I O N	Referral Source: <input type="checkbox"/> Ad <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-in <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> CDEC Employee <input type="checkbox"/> Other
	List friends or relatives employed by Continental Divide Electric Cooperative:
	Have you been previously employed by Continental Divide Electric? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If so, previous position/title: _____ Why did you leave? _____
	Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No
	May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please state reason: _____
O F F I C E	Please review the job description for the position applied for.
	Are you able to perform the functions of the position applied for as set forth in the job description, unaided or with the assistance of a reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No
	I understand that prior to being offered employment with Continental Divide Electric Cooperative, I may be requested to take an employment examination. In the event I have a disability that will affect my ability to take the examination, I will so inform CDEC, prior to the administration, so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions and accessible testing formats. CDEC reserves the right to require medical documentation concerning the need for the accommodation(s).

M I L I T A R Y	Are you a veteran of the U.S. Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service
	If yes, list any employment-related military education or occupation specialty that you believe may be significant in considering your application for employment.	Period of Active Duty
		From: _____ To: _____ Final Discharge: _____

EMPLOYMENT

Please give accurate, complete, full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone
	Address	Employed From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State job title and describe your work:	Reason for leaving:
2	Company Name	Telephone
	Address	Employed From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State job title and describe your work:	Reason for leaving:

3	Company Name	Telephone
	Address	Employed From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State job title and describe your work:	Reason for leaving:
4	Company Name	Telephone
	Address	Employed From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State job title and describe your work:	Reason for leaving:

REFERENCES

Give below the names of three people not related to you, whom you have known at least one year, and who can comment on your work experience.

1	Name	Address	Business	Years Acquainted
2	Name	Address	Business	Years Acquainted
3	Name	Address	Business	Years Acquainted

EMPLOYMENT POLICY STATEMENT REGARDING ALCOHOL AND CONTROLLED SUBSTANCES:

As a candidate for employment with CDEC, it is important you are aware that it is our desire, to the fullest extent practicable, to maintain a drug-free and alcohol-free workplace. You will be scheduled to have a pre-employment drug and alcohol screening procedure. The screening procedure may include, but not necessarily be limited to, analysis for any or all of the following prohibited substances and/or classes of substances: Amphetamines (to include Methamphetamine); Barbiturates (to include Phenobarbital, Secobarbital, Amobarbital, Hexobarbital, etc.); Opiates (to include Morphine, Heroin and Codeine); Benzodiazepines (to include Librium, Valium and Oxazepam); Cannabinoids (to include Marijuana and Hashish); Cocaine (to include Benzoylconine); Propoxyphene (to include PCP and Angel Dust); Methadone (Synthetic Narcotic); and Methaqualone (Quaalude).

WAIVER:

As a condition of, and in consideration of, processing my application for employment with CDEC, I agree to submit to a drug screening procedure as outlined above, and further agree that if I am employed by CDEC, CDEC may, at its discretion, and in accordance with its policies and procedures, require me to submit to a drug and/or alcohol screening examination at any time while on the job during my employment. I further agree that a finding of the presence of a prohibited substance will constitute grounds for denial of employment or, if the procedure is administered following my employment by CDEC, the presence of any such substance will be sufficient cause for disciplinary sanctions up to, and including termination of employment with CDEC, as will be refusal on my part to submit to such examination when requested by CDEC. I further agree and consent to the release of all medical test results to the management of CDEC and expressly consent to the use of such information by CDEC to the extent necessary to establish a claim or defense in any controversy between CDEC and me. I hereby certify by my signature below that I have read and fully understand the terms of this waiver.

Date

Applicant's Signature

PLEASE READ AND SIGN CERTIFICATION ON LAST PAGE

CERTIFICATION:

I certify, by my signature below, that all answers and responses given herein are true and compete to the best of my knowledge and authorize investigation of all answers and responses as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given on the post-offer medical examination or in this application, in any resume I may submit, or during any interview(s) may result in denial of or discharge from employment. In consideration of employment, I agree to conform to all CDEC's rules and regulations as made known to me at the time of employment and may be promulgated from time to time thereafter, and further understand that this application is not intended to be a contract of employment, and my employment can be terminated, with or without cause and with or without notice, at any time, at the option of either CDEC or myself. I understand that no employee or representative of CDEC, other than the chief executive office, has any authority to enter any agreement for employment for any specified period of time or to make any agreement contract to the foregoing. I further certify that I have a genuine intent to be considered an applicant for employment and have no other purpose in applying for a position at CDEC.

_____ Date

_____ Applicant's Signature

- DO NOT WRITE PAST THIS POINT. FOR EMPLOYER'S USE ONLY. -

R E F E R E N C E S	EMPLOYER	PERSON CONTACTED	RESULTS

I N T E R V I E W S	INTERVIEWER NAME AND COMMENTS

PERSONNEL OFFICE USE ONLY

Interviewed by: 1. _____ Date _____
2. _____ Date _____
3. _____ Date _____

Hired? Yes No Date of employment _____

Job Title _____ Dept. _____ Rate _____ Per _____

Approved by administration _____ Date _____
Approved by dept. director _____ Date _____